

APPLICATION FOR SC WING CAP MOTOR VEHICLE OPERATOR IDENTIFICATION CARD

Request issue/renewal of CAP Form 75, which authorizes me to operate CAP corporate vehicles. I have experience driving vans up to and including 15 passenger models to have operating and safety training on these vehicles. I am also familiar with the provisions of CAP regulations regarding vehicle operations and safety.

Last Name, First Name, Middle Init, Jr/Sr/III, Etc.		CAP Serial Number	Date of Birth (YYYY/MM/DD)
Sex (M/F)	State & DL Number	Member's Complete Mailing Address	
Member's Phone Numbers (include area code) (Day) (Evening)	Signature of Applicant	Date	

Applicant is a senior member of my unit, at least 21 years of age, and has driving experience or operating/safety training for operation of CAP vehicles. CAPR 77-1 has been reviewed by the member. Application forwarded for appropriate action.

Unit	Charter Number MER-SC-_____	Unit Commander Signature	Date
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REQUIRED ATTACHMENTS: Copy of Member's State Driver's License **and** Copy of State Driver's Record (Minimum of two-year record required)

MAIL TO: **HQ SC Wg CAP P.O. Box 280065, Columbia, SC, 29228-0065**

ACTION By Hq SC Wg CAPF 75 # _____ Date of Issue _____ Expiration Date _____ Remarks: _____ Signature of Issuing Officer: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Approved after review by Wing Commander <input type="checkbox"/> Disapproved
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